Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6005474 05/26/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE BELLEVILLE, IL 62226** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 **Annual Certification Survey** Federal Oversight and Support Survey S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care Attachment A and services to attain or maintain the highest practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

care and personal care shall be provided to each

TITLE

(X6) DATE 06/13/16

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seated/standing marching, calf raises, toe raises,

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY		
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S9999	medication and coulon 5/19/16 at 12:00 Certified Nurse Ass provided R6 with Ad (AROM). E23 did A 3# weights x 20 representation of joints with 3 # weights with 3 # weights with 3 # weights wheelchair and fleg marches in s to do 20 knee flexion to do 20 knee flexion of opposition of bilaterions/extensions flexions/extensions eversions/inversions minimal movement approximately 30 degrees to the right task requested by a stated he can't self wheelchair because ground. R6 further at the facility and do walking. R6 further at the facility. E23 stated R6 was had gotten sick and that are offered 4-5 since R6 has been range of motion eith walked since the vertical facility. E23 further facility.		S9999					

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	-	IL6005474	B. WING		05/26/2016	
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S9999	Continued From pa	ge 5	S9999			
	Nurse, LPN stated I stage liver disease did have therapy se CNA's provide restor further stated restor gait belt and R6 hur requires a 2 man trace. On 5/19/16 at 9:25 Nursing (ADON) stated "The other data to be walking?" E3 when he first came ammonia levels wer and he was really be did therapy in the bed progressed very we stated she could nowhen R6 first came was mainly in bed a E3 stated R6 was in	AM, E29, Licensed Practical R6 was on hospice for end at one time. E29 stated R6 revices and the restorative prative care for R6. E29 rative staff does walk R6 with aches with walking but R6 restorative or mechanical lift.  AM, E3, Assistant Director of sted R6 has come a long way is stated R6 was very ill and has recovered greatly. E3 ray he asked 'When am I going stated R6 was not walking to the facility. E3 stated R6's re being monitored closely ad cirrhosis. E3 stated "R6 reginning and I don't think he ll and often refused." E3 tanswer if he was contracted to the facility. E3 stated R6 and transferred with 2 people. Tale R6 restorative program.  AM, E15, LPN, stated R6 is				
	not on a walking pro	gram. E15 stated the facility f needed, regardless of payer		©		
	stated she has only months and E15 wo	PM, E19, Restorative LPN, been at the facility for 2 uld be able to answer R6 history and care.				
	walking when he wa through approximate	AM, E15 stated R6 was s admitted January 2015 ely June 2015. E15 stated R6 dical conditions and staff				

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	expected him to pass each day. E15 stated that when R6 was discharged from PT services, he started gradually declining and had a Urinary Tract Infection, hepatic encephalapathy, and the facility was watching R6's labs. E15 stated during this time, R6 was not medically able to participate in therapy. E15 stated R6 went on Hospice in June of 2016 and the restorative walking program documentation shows a decline in R6's participation. E15 stated R6 got better and was able to be discharged from Hospice 2/4/16. E15 stated R6 was more cognitively better than physically.  The Facility's Policy "Restorative Program Review" dated 12/15, documents: "To provide direction on the completion of the program review 3. The Restorative Program Review will evaluate the appropriateness of their goals and the program."					
		(B)				
		(3)				